

PLACEMENT REVIEW REQUEST

Student Name: _____ ID#: _____ School: _____ Grade: _____

Disability(ies): _____ Reason(s) for Review: ☐ Academic ☐ Behavior

Request for: ☐ Increase in Pull-out Instruction ☐ Self-Contained Placement ☐ Harper Alternative
☐ Out of District Day Placement ☐ Out of District Residential Placement

Current Placement

(Check all that apply)

☐ General Education ☐ Resource ☐ PALS ☐ EXPLORE ☐ SLL ☐ BSC ☐ PSI ☐ Navigate
☐ SLC Standard Curriculum ☐ SLC Alternate Curriculum ☐ Speech Only ☐ Not Enrolled

Current Instructional Code

☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 00 ☐ None ☐ Other: _____

Instructional Services

| Subject | Hours in Special Education per week | Hours in General Education per week |
|----------------|-------------------------------------|-------------------------------------|
| Reading | | |
| Language | | |
| Math | | |
| Science | | |
| Social Studies | | |

Classroom Observations

| Date | Name | Title |
|------|------|-------|
| | | |
| | | |
| | | |

Outside Agency Involvement

| Facility Name | Date/Frequency | Description |
|---------------|----------------|-------------|
| | | |
| | | |
| | | |

Behavior Information

Describe all that apply

| | Dates/Description |
|--|-------------------|
| In-School Suspension | |
| Out of School Suspension | |
| Involvement with Law Enforcement | |
| Behavior Support and Intervention Plan | |
| Functional Behavior Assessment | |
| School Counseling | |
| Medication(s) | |
| Number of absences this year | |
| Has the student been retained? | |

ACADEMIC
☐ Standard Curriculum ☐ Alternate Curriculum
STAAR Results

Indicate if student met standards

| | Reading | Math | Other |
|--------------------|---------|------|-------|
| STAAR | | | |
| STAAR-Accommodated | | | |
| STAAR-ALT | | | |

I-Station Results

| |
|--|
| |
|--|

Current Grades

| Grading Cycle | Reading | Math | Language | Science | Social Studies |
|---------------|---------|------|----------|---------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Accommodations/Modifications

- | | |
|---|--|
| <input type="checkbox"/> Individual/Small Group Administration <input type="checkbox"/> Modified Grading Criteria <input type="checkbox"/> Calculation Device <input type="checkbox"/> Oral/Signed Administration <input type="checkbox"/> Supplemental Aides <input type="checkbox"/> Projection Device | <input type="checkbox"/> Reminders to Stay on Task <input type="checkbox"/> Amplification Device <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Simplified Language/Vocabulary <input type="checkbox"/> Math Manipulatives <input type="checkbox"/> Basic Transcribing |
|---|--|

| | |
|--|--|
| <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | |
|--|--|

Academic Interventions

| |
|--|
| |
|--|

Behavior

Describe in detail the duration, frequency, and intensity of all problematic behaviors.

| What is the behavior? | How intense is it? When does it occur? How often does it occur? Where does it occur? How long does it last? | Behavioral Interventions |
|---------------------------------|---|--------------------------|
| Off Task/Incomplete Assignments | | |
| Tardy/Truant | | |
| Leaves assigned area | | |
| Noncompliance | | |

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| What is the behavior? | How intense is it? When does it occur? How often does it occur? Where does it occur? How long does it last? | Behavioral Interventions |
|---|---|--------------------------|
| Disruption inside/outside the classroom | | |
| Emotional outburst/tantrum | | |
| Defiance of authority | | |
| Verbal/Physical aggression | | |
| Social isolation/withdrawal | | |

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| What is the behavior? | How intense is it? When does it occur? How often does it occur? Where does it occur? How long does it last? | Behavioral Interventions |
|-----------------------|---|--------------------------|
| Sexualized behavior | | |
| Substance abuse | | |
| Other | | |

Recommendation(s): to be completed at placement review committee meeting

| Participant's Name | Participant's Title |
|--------------------|---------------------|
| | |
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| | |
| | |

Date of Placement Review _____

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